1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-511 - Southwest Minnesota CoC

CoC Lead Organization Name: Southwest Minnesota Housing Partnership

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1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Southwest Minnesota Continuum of Care Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Not applicable.

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Not applicable.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 71%

* Indicate the selection process of group members: (select all that apply)

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	

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Other: ☐

Specify "other" process(es):

Not applicable.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Southwest Minnesota CoC strives to select members in an open and democratic way. The members of the CoC Committee are representatives of all agencies in the region that receive funding dedicated for homeless persons. (This funding could be state, federal, local or private.) Each agency selects representatives to be members of the CoC Committee. Other agencies and persons interested/engaged in addressing homelessness are encouraged to participate. This is done through email list servs, solicitation at other local planning groups and committees, and CoC new-member open houses held approximately every three years. The CoC maintains this open and flexible process to encourage wider participation in developing solutions to homelessness.

* Indicate the selection process of group leaders:
(select all that apply):

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Not applicable.

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, provided that the following four conditions are met: 1) a broad spectrum of CoCs have opportunity to review the proposed duties, fees, and other requirements before the changes are made; 2) training and technical assistance are provided to CoCs regarding the required activities; 3) grantee contracts clearly define the grantee's contractual obligations to the CoC as representative of HUD; and 4) funds used to support these activies do not come from current Homeless Assistance fund allocations.

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1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
CoC Full Committee	Coordinate point-in-time count, regional discharge planning efforts, and prepare Exhibit 1	Monthly or more
Project Performance and Review Subcommittee	Conduct project quality reviews, provide TA to grantees, rank applications for HUD NOFA submission	Quarterly
Heading Home Subcommittee	Coordinate activities of 10-year plan, including tracking progress and marketing	Quarterly
Family Homelessness Prevention and Assistance Subcommittees (2)	Coordinate regional homelessness prevention acitvities (including access to mainstream resources) and conduct subregional assessments.	Bi-monthly
SW Adult Mental Health Consortium	Integrate local and state-operated mental health services in region, address access points and discharge planning specific to mental health and homelessness.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

Not applicable. All groups meet at least quarterly.

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Southwest Minnesota Housing Partnership	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Southwestern Minnesota Adult Mental Health Cons...	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Heartland Community Action Agency	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Western Mental Health Center	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
New Horizons Crisis Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Worthington Housing and Redevelopment Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lyon County Probation	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Southwest MN Private Industry Council	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cityside Townhomes Management	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Redwood County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Mountain Lake Apartments	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Holy Redeemer Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
United Way of Southwest Minnesota	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
American Red Cross - Southwest Minnesota	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
MECLA - Marshall East Campus Learning Alternatives	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth

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Bremer Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Lyon County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Wesley United Methodist Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Women's Rural Advocacy Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Western Community Action, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Marshall Area Financial Empowerment Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
PIC Homeless Youth Programs	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	Youth
J & J Apartments	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
The Refuge - A Fresh Start	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Southwestern Mental Health Center	Private Sector	Hos pita...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Lincoln Lyon Murray Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Kandiyohi County Community Corrections	Public Sector	Law enf...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Shelter House	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Eric O	Individual	Hom eles. ..	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, Se...
Prairie Five Community Action Agency	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Meeker County Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Veteran s, Se...
Lutheran Social Services	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Veterans Integration	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veteran s
Paula S	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE

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Sejourney L	Individual	Hom eles...	Committee/Sub-committee/Work Group	Youth
St. Stephens Lutheran Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Schwan Food Company	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Awards Plus	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Patricia Duffy Home	Private Sector	Hos pita...	Committee/Sub-committee/Work Group	Seriousl y Me...
Ken Noyes, CPA	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
US Bancorp	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Sara H	Individual	Hom eles...	Committee/Sub-committee/Work Group	NONE
Southwest Minnesota State University	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Corporation for Supportive Housing- MN	Private Sector	Fun der ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Salvation Army - Willmar Corps	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Salvation Army - Northern Division	Private Sector	Faith -b...	Primary Decision Making Group	NONE
Salvation Army - SW Regional Service Team	Private Sector	Faith -b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Minnesota Department of Human Services	Public Sector	Stat e g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Subst...
Minnesota Housing Finance Agency	Public Sector	Stat e g...	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AID S
Nobles County Family Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Worthington Economic Development Authority	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
JBS Swift	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Catholic Charities	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Nobles County Integration Collaborative	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth

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Community Connectors	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Worthington City Council	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Nobles County Attorney's Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Nobles County Veterans Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Renville County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Se...
McLeod County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Meeker County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Willmar Housing and Redevelopment Authority	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Kandiyohi County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Common Cup Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Motivation Education and Training	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Meeker County Victims Advocate	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Paul White Properties	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Rental Locators	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Chris S	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Rock County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Cottonwood County Family Service Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Marya M	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
Lac qui Parle County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Chippewa County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Sandra B	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...

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Pipestone County Family Service Agency	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Swift County Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Ron L	Individual	Hom eles...	Committee/Sub-committee/Work Group	Seriousl y Me...
State Operated Services - Willmar	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Big Stone County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Chippewa County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Cottonwood County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Jackson County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Kandiyohi County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Lyon County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
McLeod County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Meeker County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Nobles County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Pipestone County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Redwood County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Renville County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Swift County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Rock County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Yellow Medicine County Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Evangelical Free Church - Willmar	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Rolf Peterson Funeral Home	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Willmar Public Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth

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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)

f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)

b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)

a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

Yes

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

A newspaper story regarding the January Point in Time Count described the large variation between counts in surrounding counties by noting the existence of physical offices for agencies providing homeless-specific services. A director of one of the agencies contacted the CoC because he believed the article implied that his agency did not serve that county. The CoC lead agency spoke with the agency director regarding the quote, explaining the context and offering to speak with the reporter to clarify. The agency director said that was not necessary and accepted the explanation.

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1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The Youth Emergency Shelter and Outreach (YESO), a runaway and homeless youth shelter, opened at Lower Sioux Indian Community (reservation) just prior to the 2008 NOFA and closed in January 2009. Changeover in tribal government and program staff contributed to an inability to identify enough eligible youth to continue the program. YESO was funded for housing and services through the Family and Youth Services Bureau of the US Deptartment of Health and Human Services.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Through the 2008 HUD CoC funding round, 13 new transitional housing units (25 beds) were created in the region. As a new grant, these units are considered under development at this time. (Technical submissions for new grantees were only recently completed with HUD Field Office.)

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Four new beds for chronically homeless persons were created through a SHP Leasing grant to the Salvation Army. Though noted in Section 4B, as a new grant, these beds are considered under development at this time. (Technical submissions for new grantees were only recently completed with HUD Field Office.)

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CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 HIC - MN 511	11/24/2009

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Attachment Details

Document Description: 2009 HIC - MN 511

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1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)

01/28/2009

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)

HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Not applicable.

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)

HUD unmet need formula

Specify "other" data types:

Not applicable.

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Not applicable.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: (select all that apply) MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 08/09/2004

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Lack of MOU between CoC and HMIS administering agency, Inability to integrate data from providers with legacy data systems, HMIS unable to generate CoC- wide data or reports

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If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not applicable.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC, in coordination with other CoCs across the state of Minnesota, will seek to establish a formal written agreement between the CoC and the HMIS Lead Organization (Amherst H. Wilder Foundation). The CoC hopes that this will set out agreed expectations between the parties and ensure that 1) CoC-wide reports are readily available for CoC planning, and 2) data reported are accurate and used appropriately.

To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

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2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City Saint Paul

State Minnesota

Zip Code 55104
Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	
Telephone Number: (Format: 123-456-7890)	651-280-2670
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

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2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

 HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

  The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage?   Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

 Not applicable.

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2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	13%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	2%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	4%
* Zip Code of Last Permanent Address	0%	16%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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Did the CoC or subset of CoC participate in AHAR 4?   Yes

Did the CoC or subset of CoC participate in AHAR 5?   Yes

How frequently does the CoC review the quality of client level data?   Quarterly

How frequently does the CoC review the quality of program level data?   Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using Abt Associates' bed utilization tool to help find inaccurate data entry and has worked with several agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date, nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates' bed utilization tool to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

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2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

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2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/01/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

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2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Never
HMIS software training	Monthly

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2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	7	4	4	15
Number of Persons (adults and children)	23	11	14	48

Households without	Dependent Children			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	20	13	9	42
Number of Persons (adults and unaccompanied youth)	32	15	10	57

All Households/	All Persons			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	27	17	13	57
Total Persons	55	26	24	105

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2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	8	4	12
* Severely Mentally Ill	6	2	8
* Chronic Substance Abuse	3	2	5
* Veterans	3	2	5
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	15	0	15
* Unaccompanied Youth (under 18)	14	0	14

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2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).
 CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?   Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)   01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

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2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
 - Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
 (Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

 Not applicable.

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

 Because a substantial proportion of emergency shelter resources in the CoC are provided through Domestic Violence shelters and services, HMIS alone could not be used to collect point-in-time data from all CoC providers. Therefore, provider surveys were distributed to all emergency shelter and transitional housing providers in the CoC, and follow-up calls were made to ensure survey coverage. Information from HMIS-participating agencies was verified with HMIS reports from that count day.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

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As is clear from the e-HIC, emergency shelters and transitional housing programs were filled to capacity (and beyond) that evening, so some households may have been unable to secure shelter. However, compared to the most recent point-in-time count, the total number of households in emergency shelter declined slightly. In addition, the number of persons in those households decreased, reflecting a higher number of households without children in shelter that night. It is unclear what may have contributed to that shift. In transitional housing, the number of persons and households counted decreased from last year. This may be the result of state-funded programs' efforts to ration spending in order to maintain some level of services through the final months of the grant year, despite mid-term budget reductions put in place by the governor.

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2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

 Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons
(select all that apply):**

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

 Not applicable.

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

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Subpopulation data for sheltered persons was collected via a short survey conducted during the point-in-time count. Shelter residents self-report on serious mental illness, chemical dependency, domestic violence, HIV/AIDS, and veteran status. Unaccompanied youth and chronic homeless status are deduced based on the resident's answers to questions regarding disability, age, household size, and history of homelessness.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Compared to the most recent point-in-time count, proportions of subpopulations represented changed significantly in the categories of unaccompanied youth, veterans, and chronic homeless. The CoC believes that the increase in the number of unaccompanied youth and veterans is the result of increased outreach through Family Homelessness Prevention Programs over the past two years. These two subpopulations have been targeted by these state-funded programs during the grant period from 2007-2009. Similarly, the CoC believes that the increased number of chronically homeless persons identified in the count is the result of improved screening by agencies not funded to serve chronically homeless persons. The CoC has over the past year assisted these agencies to better understand the chronic homeless definition and make appropriate referrals. This improved understanding is likely to result in additional persons being identified as chronically homeless, both in the PIT count and in general service delivery.

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2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

 CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

 Not applicable.

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

 Provider surveys of homeless households required unique identifiers for each head of household including initial of first name, first name of mother, and date of birth. These identifiers combined with location of interview (which is meaningful in a CoC covering 18 counties) were used to de-duplicate data.

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2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

Not applicable.

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2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

Not applicable.

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2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at:
www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Not applicable.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Provider surveys of homeless households required unique identifiers for each head of household including initial of first name, first name of mother, and date of birth. These identifiers combined with location of interview (which is meaningful in a CoC covering 18 counties) were used to de-duplicate data.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

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The CoC expanded coverage of the Family Homelessness Prevention and Assistance Program from four counties to nine counties in 2007, and added four more counties in June 2009. This program provides back rent or mortgage assistance to families at risk of homelessness and rapid housing placement for families experiencing homelessnes. In combination with coordinated emergency housing assistance through county human services and community action agencies, this program helps families avoid homelessness or quickly become rehoused. The program is complemented by the current HPRP grants operating in all 18 counties of the region. HPRP runs parallel to the Family Homelessness Prevention program and has improved the barriers assessment conducted by participating agencies, thus assuring that families are connected with needed resources and agencies make best use of funds available.

Outreach for the programs are both direct and indirect to homeless and near-homeless families. Direct outreach occurs through agency staff contacts, PSAs and flyers at public places; indirect occurs through staff contacts at other community service agencies, schools, and businesses so that appropriate referrals for assistance can be quickly made. The wide publicity regarding the stimulus programs has also increased awareness of available programs for homeless families in the region.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The CoC has promoted community engagement in identifying and engaging people sleeping in places not meant for human habitation by conducting a public outreach effort to schools, law enforcement, and other active community groups. CoC members highlight local homeless data, programs serving homeless persons, and ways the community can support new and existing efforts. In addition, a grantee directly serving chronically homeless persons has created and promoted a screening tool for other agencies to use in identifying chronically homeless individuals. By ensuring that all agencies are asking about housing history in their intake process, more chronically homeless individuals can be identified and connected to available services and housing.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Compared to the most recent point-in-time count, the number of unsheltered persons is slightly higher but the number of unsheltered households is the same. The CoC believes this is due and increase in the number of families who have never sought services due to homelessness, families who may be homeless for the first time because of the current economic situation. As noted in the sheltered data section as well, the number of households accommodated by transitional housing programs was also reduced this year (due to state budget restrictions), which may have previously provided a housing option for some of these unsheltered households.

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

To create new permanent housing beds, the CoC will: 1)Apply through Permanent Housing bonus for one bed for chronically homeless individuals and 6 beds for other homeless persons; 2)Continue and expand use of the chronic homeless assessment tool so that CH need can be pinpointed--numerically and geographically--and persons eligible for existing beds are identified and connected with those beds; 3)Train mental health services providers to ensure that eligible homeless persons are qualified for housing before entering inpatient treatment.

The CoC continues to coordinate with regional and state-operated mental health initiatives to ensure access to permanent supportive housing for homeless persons who may require immediate inpatient treatment. In the case that the new permanent housing beds proposed are not funded by HUD, the CoC will work with existing permanent housing programs to ensure full utilization of these programs and prioritize chronically homeless persons where possible.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

As a rural CoC without permanent shelters or widespread outreach workers, it is often difficult to qualify individuals as chronically homeless. However, recognizing HUD's priorities and the significant needs of persons with long histories of homelessness, the Southwest Minnesota CoC intends to extend efforts to improve screening practices at homeless services agencies and mainstream program offices (as described above). In addition, to ensure that resources are available to meet the needs of this population, the CoC will continue to prioritize careful development and placement of resources dedicated for chronically homeless adults through its ranking processes.

How many permanent housing beds do you currently have in place for chronically homeless persons? 13

How many permanent housing beds do you plan to create in the next 12-months? 14

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How many permanent housing beds do you plan to create in the next 5-years? 19

How many permanent housing beds do you plan to create in the next 10-years? 24

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Southwest CoC has maintained 6-month housing stability between 85 and 90% over the past three years and seeks to continue that trend. In order to do that, the CoC will continue to 1)support providers with training for effective service provision, outreach, landlord relations, and other topics; and 2)work toward developing region-wide barriers to housing assessment tools so that households are connected with appropriate housing options and supported with appropriate services once housed.

CoC member agencies regularly collaborate with landlords, county caseworkers and other specialized service providers to ensure that households are supported from all angles to meet their goals and remain housed. In the event that a region-wide barriers assessment cannot be implemented, the CoC will work with individual programs to adapt intake forms and assessments to better identify strengths, needs, and appropriate resources.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC intends to maintain its success in helping individuals achieve housing stability by continuing the activities mentioned above. In addition, the CoC regularly discusses and reviews project performance (via APRs) to ensure that grantees continue to focus on individual outcomes related to housing stability and other primary goals. When necessary, the CoC provides or arranges for TA for grantees who have difficulty meeting housing stability goals.

What percentage of homeless persons in permanent housing have remained for at least six months? 87

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 88

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In 5-years, what percentage of homeless 89
persons in permanent housing will have
remained for at least six months?

In 10-years, what percentage of homeless 90
persons in permanent housing will have
remained for at least six months?

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3A. Continuum of Care (CoC) Strategic Planning Objectives

> **Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Southwest CoC intends to continue exceeding the 65% threshold for persons exiting transitional housing to permanent housing by: 1)Continuing to provide the depth and breadth of services currently effective in moving households to permanent housing; 2)Creating new TH beds to increase access to effective programs; and 3)Improving the full-spectrum screening process for homeless households to ensure needs are met.
Landlords are clearly the primary stakeholder group the CoC engages in this process. Some landlords participate in CoC subcommittees, but others are engaged through community education events and ad hoc communications.
In the case that the CoC in unable to continue to providing services at current level (e.g. due to funding cuts), the CoC will assist providers to examine programs to identify most effective and essential services as well as which needs could be met through other sources.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

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Over the long-term, the CoC will provide more landlord-tenant education and more actively support landlords who rent to formerly homeless households. These activities would 1)improve the likelihood that households transition to permanent housing, and 2)increase the likelihood that households who exit to permanent housing are able to maintain that housing long-term.

The CoC has set its goals for the coming years slightly lower than this year's performance for 3 reasons: 1)economic realities have made rental housing increasingly difficult to secure; 2)this year's performance is well above the CoC norm of 85% (which itself exceeds HUD standards by 20%); and 3)the CoC wants to ensure that programs serve those with most needs, not just those likely to succeed.

** Please note: All existing TH programs are non-HUD programs, so the outcomes reported here are not included in Section 4C. They are noted in Section 4A.

What percentage of homeless persons in transitional housing have moved to permanent housing? 97

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 87

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 88

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Southwest CoC will be challenged to maintain its employment performance in the next year. The CoC as a whole maintains very high employment performance, but this is heavily influenced by an SSO program that ended in June 2009. (The CoC's overall rate is noted below but, without the SSO project, the rate for this year was 27%.) Given that reality, the CoC will: 1)Ensure that employment is addressed in new region-wide barriers assessment; 2)Carefully monitor employment and income components of project performance for all programs; and 3)Arrange TA for grantees to integrate more employment-focused strategies into service programs. In the event that these steps do not produce results, the CoC will consult with members, partner agencies, and other local CoCs to determine more effective strategies and increase current and future employment options for homeless participants. These partners include employers, Workforce Centers, and Adult Basic Education programs.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Couched in the CoCs goal of assisting households to obtain and maintain financial stability is the goal of employment. Over the long term, the CoC will continue its activities of reviewing program performance relating to employment, arranging for training in best practices for employment, and improving coordination with area Workforce Centers. A subcommittee of the CoC is currently working with Workforce Center staff to adapt and develop employment programs to meet the needs of employers and formerly homeless households. In addition, CoC members are concerned with assisting individuals who cannot obtain or maintain employment because of disability to access benefits to ensure their own financial stability.

Because of the discontinuation of the SSO program in June 2009, the CoC is basing its goals for employment on the performance of the remaining programs, starting with a baseline of 27% (as noted above).

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What percentage of persons are employed at program exit? 57

In 12-months, what percentage of persons will be employed at program exit? 28

In 5-years, what percentage of persons will be employed at program exit? 30

In 10-years, what percentage of persons will be employed at program exit? 35

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

In order to decrease the number of homeless households with children over the next 12 months, the CoC will: 1)Use HPRP funding to move at least 20 homeless families into housing; 2)Complete construction of 6 permanent housing units for families with children; and 3)Conduct targeted outreach to school homeless liaisons in the CoC region.

Stakeholders the CoC engages in this process include school district homeless liaisons, Head Start program coordinators, and County Human Services caseworkers.

In the event that these steps do not produce results, the CoC will evaluate its outreach strategies for households with children and existing grantees' priorities for housing placement. However, given the current economic climate, it may be difficult to make a large dent in the number of new homeless families with children in the next 12 months.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Over the long-term the CoC will continue to prioritize project seeking to house homeless households with children. The CoC currently does this by 1)Evaluating proposed projects impact on households with children in HUD NOFA ranking processes, and 2)Advising agencies proposing new projects of HUD and state priorities regarding homeless households with children. Two developments seeking funding have incorporated this priority into their proposals in the past year.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 15

In 12-months, what will be the total number of homeless households with children? 14

In 5-years, what will be the total number of homeless households with children? 12

In 10-years, what will be the total number of homeless households with children? 10

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs.   In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs).   Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Support for Emancipation and Living Functionally (SELF) programs in Minnesota are provided through Counties or contracted agencies to assist youth 16 and older transitioning out of foster care. The Southwest MN CoC reviews the discharge plan of SELF program providers annually and surveys local homeless service providers on the number of youth exiting the SELF program into homelessness. If exits to homelessness emerge in this review, a CoC representative and a local homeless service provider meet with the SELF provider to strategize for successful and low-cost ways to end exits to homelessness. Without enforcement authority, the CoC cannot impose requirements or sanctions on a non-compliant provider. However, if the problem cannot be resolved and continued discharges to homelessness occur, the CoC will formally complain to the Local, State, or Federal authority overseeing the agency so that mandated discharge plans are carried out.

Lutheran Social Services Youth Programs contracts with counties in the CoC to provide the services of the SELF program and is working with the CoC to increase the supply of appropriate housing options for youth. Other stakeholders engaged in this effort are County Human Services, school districts, and Community Action Agencies.

Because the State of Minnesota mandates discharge planning for foster care, most exits are to independent rental housing. Lease terms vary in length, co-signer requriements, and subsidies in place.

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Health Care:

The CoC reviews the discharge planning protocols of a sample of health care providers in the CoC annually and surveys local homeless service providers on the number of persons exiting the health care facility into homelessness. If exits to homelessness emerge in this review, a CoC representative and a local homeless service provider meet with the health care provider to strategize for successful and low-cost ways to end exits to homelessness. Without enforcement authority, the CoC cannot impose requirements or sanctions on a non-compliant provider. However, if the problem cannot be resolved and continued discharges to homelessness occur, the CoC will formally complain to the Local, State, or Federal authority overseeing the agency so that mandated discharge plans are carried out.

Because the State of Minnesota mandates discharge planning for health care institutions, individuals usually exit to their home or to the care of another person. In cases when this cannot be arranged, the institution typically contacts the County or Community Action Agency to assist in finding appropriate housing/care at exit.

Mental Health:

The CoC reviews the discharge planning protocols of a sample of mental health services providers annually and surveys local homeless service providers on the number of persons exiting the mental health system into homelessness. If exits to homelessness emerge in this review, a CoC representative and a local homeless service provider meet with the provider to strategize for successful and low-cost ways to end exits to homelessness. Without enforcement authority, the CoC cannot impose requirements or sanctions on a non-compliant provider. However, if the problem cannot be resolved and continued discharges to homelessness occur, the CoC will formally complain to the Local, State, or Federal authority overseeing the agency so that mandated discharge plans are carried out.

Mental health providers have been closely engaged with the Southwest MN CoC in assuring that comprehensive discharge planning protocols are in place and appropriate housing options exist for their consumers upon discharge from treatment facilities. Because of these measures, individuals usually exit to their home or to the care of another person. In cases when this cannot be arranged, the institution typically contacts the County or Community Action Agency to assist in finding appropriate housing/care at exit. A limited number of temporary rental subsidy vouchers for persons with SMI are available for those who are awaiting permanent housing subsidies upon exit from an institution.

Corrections:

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The CoC reviews the discharge planning protocols of a sample of corrections agencies annually and surveys local homeless service providers on the number of persons exiting the corrections facility into homelessness. If exits to homelessness emerge in this review, a CoC representative and a local homeless service provider meet with the facility's discharge planner to strategize for successful and low-cost ways to end exits to homelessness. Without enforcement authority, the CoC cannot impose requirements or sanctions on a non-compliant provider. However, if the problem cannot be resolved and continued discharges to homelessness occur, the CoC will formally complain to the Local, State, or Federal authority overseeing the agency so that mandated discharge plans are carried out.

Corrections facilities in Minnesota begin assessment and case planning soon after the offender's entry, usually in conjunction with Jail staff, County Human Services, Community Mental Health and others as applicable to the individual. Nobles County Jail has developed a small-facility model which the CoC is promoting in other locations. Typically, exits from correctional facilities are to the county where the offense occurred, which may not be the county where the offender previously resided. Limited supports are available for offenders, so housing arrangements may be only temporary. Additional assistance to obtain permanent housing is secured through the Workforce Center or Community Action Agency.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Objectives:
1) Create suitable living environments.
2) Provide decent affordable housing.
3) Create economic opportunities.

Outcomes:
1) Availability/accessibility.
2) Affordability.
3) Sustainability.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

HPRP is providing an essential component of the CoC's full-spectrum of housing and services. The CoC played an active role in helping potential applicants identify gaps and adjust proposals in coordination with other applicants to ensure regional coverage with HPRP resources. The CoC also reviewed HPRP applications and approved those which would further the goals of the CoC and the regional Heading Home (10-year) Plan. These approvals were forwarded to the State in their funding decisions.
The HPRP grantees are currently playing a pivotal triage role in the region, assessing barriers and strengths, providing direct services, and connecting households with other resources necessary to support their housing stability immediately and over the long-term.

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Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Neither NSP nor HUD VASH programs were available to the Southwest CoC region. HUD VASH is administered by the St Cloud Housing Authority/VA, which serves counties immediately adjacent to the Southwest CoC region. In the case that veterans accessing the vouchers in the St Cloud HRA region seek to move to the Southwest CoC after the one-year restriction, the CoC will assist local agencies to understand and use the program effectively. The CoC may do this is by conducting outreach to landlords unfamiliar with the subsidy program or working with the Minnesota Assistance Council for Veterans (a statewide agency) in conducting outreach and service activities for veterans in the region.

Other HUD-managed ARRA funding in the region includes capital funds for Western Community Action, Inc. to expand their service space and make it more accessible. As a CoC member agency, Western's use of CDBG-R funding directly affects the CoC's ability to meet its mission of providing direct and local services to prevent and end homelessness. Another project which received capital funds through ARRA's Tax Credit Assistance Program was the New Castle Townhomes project, a 24 unit affordable housing development which includes 4 units for homeless families with children. The project developer and service provider both actively participate in the CoC and used this opportunity to advance the CoC's goal of reducing the number of homeless households with children.

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4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	14	Beds	14	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	84	%	87	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	83	%	97	%
Increase percentage of homeless persons employed at exit to at least 19%	29	%	57	%
Decrease the number of homeless households with children.	22	Households	15	Households

Did CoC submit an Exhibit 1 application in 2008?   Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

All proposed 12-month objectives were achieved.

** Please note: No existing TH beds in the CoC are funded through HUD, so these results do not appear in Section 4C of this application.

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4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

 This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

 CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	3	10
2008	3	10
2009	12	14

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 4

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$0	$0	$0	$0

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If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The Southwest CoC, through its Chronic Homeless Taskforce, created a chronic homeless screening tool for programs not expressly serving chronic homeless individuals to use. This tool has increased the number of chronic homeless persons identified and referred to programs serving that population, and therefore increasing bed utilization in those programs. It has also increased the number of chronically homeless adults already in shelter, with 2/3 of chronically homeless persons in identified in emergency shelter or transitional housing this year. The CoC believes that previously, these individuals were served without identifying their chronic homeless status.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	7
b. Number of participants who did not leave the project(s)	24
c. Number of participants who exited after staying 6 months or longer	5
d. Number of participants who did not exit after staying 6 months or longer	22
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	87

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	
b. Number of participants who moved to PH	
TOTAL TH (%)	0

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4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 139

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	20	14	%
SSDI	5	4	%
Social Security	0	0	%
General Public Assistance	4	3	%
TANF	18	13	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	79	57	%
Unemployment Benefits	2	1	%
Veterans Health Care	0	0	%
Medicaid	26	19	%
Food Stamps	56	40	%
Other (Please specify below)	23	17	%
Child Support, MN Supplemental Assistance, Medicare, Private Disability Insurance, Emergency Assistance			
No Financial Resources	30	22	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted?   Yes

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4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?   Yes

If 'Yes', describe the process and the frequency that it occurs.

Each project submits its APR to the Project Performance Subcommittee for review. The review includes evaluation of the project's success in meeting HUD standards for housing stability, increased skills and income, and increased self-determination. Spending levels, services received, and other program details are noted as well. Specific recommendations for program improvement may be made to the project at this time. At least annually, the aggregate data of projects in the CoC are presented to the Project Performance and Technical Assistance needs are discussed. Appropriate technical assistance to improve access to mainstream programs is then arranged at regular CoC meetings or promoted through third-party providers, such SSI/SSDI experts or County Veterans Services Offices. The CoC has also provided members with "cheat-sheets" that note which mainstream services can/should be combined based on eligibility.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?   Yes

If "Yes", indicate all meeting dates in the past 12 months.

October 9, 2009
January 8, 2009
April 10, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?   Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?   Yes

If yes, identify these staff members   Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.   Yes

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If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

TANF (Minnesota Family Investment Program), Food Support, Medicaid, Social Security Disability Insurance.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

May 17, 2007
February 11, 2008
May 5, 2009

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4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	78%
Case managers assess for eligibility for mainstream programs during intake, then assist clients in completing application forms and scheduling appointments with benefits providers. Case managers working with youth, persons with serious and persistent mental illness, and domestic violence survivors are more hands-on, providing direct transportation to benefits interviews and documentation to support application. Case managers working with other populations provide assistance upon request.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	67%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	44%
The State of Minnesota uses a single comprehensive application for food support, emergency cash assistance, TANF, Medicaid, General Assistance, Minnesota Care (SCHIP), and child care assistance. This form is used by public social service agencies and often made available at private service agencies.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	78%
4a. Describe the follow-up process:	
Case managers follow-up in several primary ways: phone calls and in-person conversations with clients, assisting clients to review postal communications from agencies reviewing applications, accompanying clients to application site for follow-up with agency, and regular communication with partner agencies.	

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Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.	
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	
*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.	
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	

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*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

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*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	No
*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	Yes
*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	Yes
*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	No
*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	No

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Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care 2	2009-11-11 11:29:...	1 Year	Housing and Redev...	59,724	Renewal Project	S+C	TRA	U
HMIS Southwest	2009-11-11 13:51:...	1 Year	Amherst H. Wilder...	25,000	Renewal Project	SHP	HMIS	F
LSS Permanent Sup...	2009-11-13 18:42:...	2 Years	Lutheran Social S...	177,636	New Project	SHP	PH	F3
Housing Services ...	2009-11-17 12:29:...	1 Year	The Salvation Army	88,098	Renewal Project	SHP	PH	F
Westwind Townhomes	2009-11-10 21:27:...	2 Years	Westwind Townhome...	99,982	New Project	SHP	PH	F2
Country View Place	2009-11-20 09:54:...	1 Year	Housing and Redev...	23,705	Renewal Project	SHP	PH	F
Safe at Home Project	2009-11-18 00:47:...	2 Years	Western Communit y...	58,684	New Project	SHP	PH	P1

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Budget Summary

FPRN	$414,421
Permanent Housing Bonus	$58,684
SPC Renewal	$59,724
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/22/2009

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Attachment Details

Document Description: Certification of Consistency MN-511

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